2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # P0700030488 1. Entity Name ESAIE SAINT HILLAIRE PA					05-01-2008 9	90199 013 ***150	0.00
Principal Place 1111 HYPOL UNIT 1038 LANTANA, FL	UXO ROAD	Mailing Address 1111 HYPOLUXO ROAD- UNIT 103D LANTANA, FL 33402	,	6003	6464 1911 1111 1111 1111 1111	11 Jekan alisi na ihi dala i Jai o i Y	
2. Principal P	lace of Business - No P.O. Box # Covposite T #, etc.	3. Mailing Address 9\3 SE Be Suite, Apt. #, etc.	1 fast Au	02282008	Chg-P	CR2E034 (12/06)	
City & State	= 7000 Fl	City & State	<u>E</u> l	4. FEI Number		, A	pplied For
204411	Country	Zip 2023	Country USA	5. Certificate o	Status Desired	□ \$8.75 Ad	
<u> 994,</u>	6. Name and Address of Current F	Registered Agent	USA	7. Name and A	ddress of New R	Fee Require	ed .
			Name			agiotol ou Ago, k	
SAINT HILLAIRE, ESAIE 1411 HYPOLUXO ROAD 9135E Bel Past AVe Street Address (P.O. Box Number is Not Acceptable)							
141 HYPOLUXOROAD 9 13 SE Belfast AVE Street Address (P.O. Box Number is Not Acceptable) UNIT 1088 LANTANA, FL 83462 Post St Lucie, F1 34983							
	1001 31 1	5000 DE F1 54	City	-		Zip Coo	le
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept							
the obligations of registered agent. SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent a	nd little if applicable. (NOTE: H	legistered Agent signature requ	uired when reinstating)		DATE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bail Saint Hillaise

SAIR SAINT HILLAIRE 15/08

561-718-563